

CPA \$
GPA #761
9

CONTINUED PROSECUTION APPLICATION (CPA) REQUEST TRANSMITTAL

To: Assistant Commissioner for Patents
BOX CPA
Washington, DC 20231

Atty. Docket of prior appln.: 2068.001

First Named Inventor: Palmer

Examiner Name: Dauerman

Group/Art Unit: 1761

Express Mail Label No.: EL608094699

This is a request for a x continuation or ___ divisional application under 37 CFR §1.53(d),
(continued prosecution application (CPA) of prior application no.: 09/378233
filed on 08/19/99, entitled: INTERACTIVE FOODSTUFF HOLDING DEVICE

1. ___ Enter the unentered amendment previously filed on _____
under 37 C.F.R. §1.116 in the prior nonprovisional application.
2. x A preliminary amendment is enclosed.
3. This application is filed by fewer than all the inventors named in the prior application, 37
C.F.R. §1.53(d)(4).
 - a. ___ DELETE the following inventors named in the prior nonprovisional application

b. ___ The inventor(s) to be deleted are set forth on a separate sheet attached hereto.

4. ___ A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.
5. Information Disclosure Statement (IDS) is enclosed:
 - a. ___ PTO-1449
 - b. ___ Copies of IDS Citations

CLAIMS: (1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5)
<u>CALCULATIONS</u>				
TOTAL FOR CLAIMS:	20 -20* =		x\$ _____ =	\$
IND. CLAIMS:	1 - 3** =		x\$ _____ =	\$
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. §1.16(d))			+\$ _____ =	\$
			BASIC FEE:	\$355.00
			TOTAL OF ABOVE CALCULATIONS =	\$355.00
Reduction by 50% for filing by small entity (Note 37 C.F.R. §§1.9, 1.27 & 1.28)				\$

*Reissue claims in excess of 20 and over original patent.

**Reissue independent claims over original patent.

TOTAL = \$

6. Small entity Status:

- a. x A small entity statement is enclosed, if (b) and © do not apply.
- b. ___ A small entity statement was filed in the prior nonprovisional application and such status
is still proper and desired.
- c. ___ Is no longer claimed.

Page 1 of 2

05/25/2001 YPOLITE1 00000070 130439 09378233

01 FC:231 355.00 CH

09378233
06/05/2001 CHARD1 00000001 130439
01 FC:217 445.00 CH

RECEIVED
MAY 30 2001
C1700 MAIL ROOM

7. ☒ The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 13-0439.

a. ☐ Fees required under 37 C.F.R. §1.16.

b. ☒ Fees required under 37 C.F.R. §1.17.

c. ☐ Fees required under 37 C.F.R. §1.18.

8. ☐ A check in the amount of \$ _____ is enclosed.

9. ☐ Other: _____

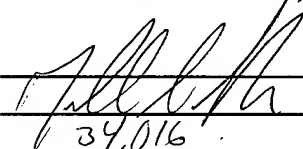
NOTE: The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.

10. NEW CORRESPONDENCE ADDRESS:

Customer Number or Bar Code Label _____ or ☐ New correspondence address below
Customer No. 21917

Name: Michael A. Slavin
McHale & Slavin, P.A.
Address: 4440 PGA Blvd., Suite 402
City: Palm Beach Gardens, State: FL Zip: 33410
Country: U.S. A. Telp: 561-625-6575 Fax: 561-625-6572

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name: (Print/Type): Michael A. Slavin
Signature: 
Registration No: 34,016
Date: May 18, 01